

EXHIBIT A

**MENTAL HEALTH SERVICES ACT (MHSA)
FY 2009/10 ANNUAL UPDATE
to the
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
COUNTY CERTIFICATION**

County Name: _____ Date: _____

County Mental Health Director	Project Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Mailing Address:	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County; that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and CCR Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with Title 9, California Code of Regulations (CCR) Sections 3300, 3310(d) and 3315. The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 09/10 Annual Update are true and correct.

Date: _____ Signature _____
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Process MHSA FY 2009/10 ANNUAL UPDATE

County Name: _____

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length--½ page)
2. Identify the stakeholder entities involved in the Community Program Planning Process.
3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.
4. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: _____

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (Suggested length--1/2 page)

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EXHIBIT D

Instructions for Work Plan Descriptions MHSA FY 2009/10 ANNUAL UPDATE

County Name: _____

Instructions: Fill in the County and Work Plan name for each Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) work plan. Work plans for the MHSA Housing Program do not need to be included. The **Population To Be Served** should include information about targeted age, gender, race/ethnicity and linguistics as well as situational characteristic of the population to be served. The **Annual Number of Clients to be Served** should be shown for the applicable component, with an estimate by CSS funding category or type of prevention. The **Program/Project Description** should include the services to be provided and the features of the program that further the goals of the MHSA.

These exhibits will be posted on the California Department of Mental Health website.

DRAFT



County Name _____

Work Plan Name _____

Population To Be Served

Program/Project Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

_____ Total

By Funding Category

_____ Full Service Partnerships

_____ System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

By Type of Prevention Service

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

INNOVATION

Annual Number to Be Served

_____ Total

EXHIBIT E

**FY 2009/10 Mental Health Services Act (MHSA)
Capital Facilities and Technological Needs Funding Request**

County Name: _____ Date: _____

Capital Facilities and Technological Needs Work Plans				Total MHSA Funds Requested	Type of Project	
	No.	Name	New (N)/ Approved Existing (E)	FY 2009/10 MHSA Funding Required	Capital Facilities	Technological Needs
1.						
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18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$0	\$0	\$0
27.	Plus County Administration			\$0		
28.	Plus Optional 10% Operating Reserve			\$0		
29.	Less FY 07/08 Unspent Available Funds			\$0		
30.	Plus FY 08/09 Funds Needed in Excess of Approved Funding			\$0		
31.	Total MHSA Funds Requested for Capital Facilities and Technological Needs			\$0		

**Instructions for Preparing the FY 2009/10 Mental Health Services Act (MHSA)
Capital Facilities and Technological Needs Summary Work Plan Listing (EXHIBIT E)**

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Capital Facilities and Technological Needs Funding Request worksheet to obtain funding for the Capital Facilities and Technological Needs component under the MHSA. Below are the specific instructions for preparing the MHSA Capital Facilities and Technological Needs Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the work plan number and name. Identify whether the work plan is a new work plan (i.e., work plan had not previously been approved by the Department) or is an existing approved work plan (i.e., a work plan that has previously been approved as part of the initial Plan and/or a Plan update). Enter the proposed MHSA budget amounts in the relevant columns for type(s) of intervention and age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25.

27. County Administration

Enter the total County administrative costs for Capital Facilities and Technological Needs Administration. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant Capital Facilities and Technological Needs work plan funding request.

28. Optional 10% Operating Reserve

Counties may dedicate up to 10% of the Work Plan funding for an operating reserve. Line 27 should not exceed 10% of line 26 and 27.

29. FY 07/08 Unspent Available Funds

This amount should be from the FY 07/08 Revenue and Expenditure Report, if applicable.

30. FY 08/09 Funds Needed in Excess of Approved Funding

This amount represents the funds needed for FY 08/09 in excess of the approved amount due to decreased revenues or increased costs. This represents the amount of funding already distributed by the State for prior years that will be used to support FY 08/09 Capital Facilities and Technological Needs implementation.

31. Total Funds Requested

This amount is automatically calculated as the sum of lines 26 through 30. This reflects the amount of funding requested for the Capital Facilities and Technological Needs component under the MHSA.

EXHIBIT E

**FY 2009/10 Mental Health Services Act (MHSA)
Community Services and Supports (CSS) Funding Request**

County: _____

Date: _____

CSS Work Plans				Total MHSA Funds Request	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	FY 09/10 MHSA Funding Required	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
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18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
26.	Subtotal: Work plans ^{a/}				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
28.	Plus County Administration				\$0							
29.	Plus CSS Transfer to Capital Facilities and Technological Needs ^{b/}				\$0							
30.	Plus CSS Transfer to Workforce Education and Training ^{b/}				\$0							
31.	Plus CSS Prudent Reserve ^{b/}				\$0							
32.	Plus 10% Operating Reserve				\$0							
32.	Less FY 07/08 Unspent Available Funds				\$0							
33.	Plus FY 08/09 Funds Needed in Excess of Approved Funding				\$0							
34.	Total MHSA Funds Requested for CSS				\$0							

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

#REF!

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**Instructions for Preparing the FY 2009/10 Mental Health Services Act (MHSA)
Community Services and Supports Summary Work Plan Listing (EXHIBIT E)**

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Community Services and Supports (CSS) Funding Request worksheet to obtain funding for the CSS component under the MHSA. Below are the specific instructions for preparing the MHSA CSS Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the work plan number and name. Identify whether the work plan is a new work plan (i.e., work plan had not previously been approved by the Department) or is an existing approved work plan (i.e., a work plan that has previously been approved as part of the initial Plan and/or a Plan update). Enter the proposed MHSA funding required. Provide estimated amounts in the relevant columns for type(s) of funding and age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25. The majority of funding requested must be directed towards FSPs.

27. County Administration

Enter the total CSS County administrative costs. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant CSS work plan funding request.

28. Optional 10% Operating Reserve

Counties may dedicate up to 10% of the Work Plan funding (line 26) and CSS Administration (line 27) for an operating reserve.

29. CSS Prudent Reserve

Enter the funds requested to be irrevocably dedicated to the local prudent reserve.

30. CSS Transfer to Capital Facilities and Technological Needs Component

Enter the total CSS funds requested to be irrevocably transferred to the Capital Facilities and Technological Needs component.

31. CSS Transfer to Workforce Education and Training Component

Enter the total CSS funds requested to be irrevocably transferred to the Workforce Education and Training Projects budget from the Workforce Education and Training component

32. FY 07/08 Unspent Available Funds

This amount should be from the FY 07/08 Revenue and Expenditure Report, if applicable.

33. FY 08/09 Funds Needed in Excess of Approved Funding

This amount represents the funds needed for FY 08/09 in excess of the approved amount due to decreased revenues or increased costs. This represents the amount of funding already distributed by the State for prior years that will be used to support FY 08/09 CSS implementation.

34. Total Funds Requested

This amount is automatically calculated as the sum of lines 26 through 33. This reflects the amount of funding requested for the CSS component under the MHSA.

EXHIBIT E

**FY 2009/10 Mental Health Services Act (MHSA)
Innovation Summary Work Plan Listing**

County: _____

Date: _____

Innovation Work Plans				Total MHSA Funds Requested	Estimated Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	FY 09/10 MHSA Funding Required	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.				\$0				
2.				\$0				
3.				\$0				
4.				\$0				
5.				\$0				
6.				\$0				
7.				\$0				
8.				\$0				
9.				\$0				
10.				\$0				
11.				\$0				
12.				\$0				
13.				\$0				
14.				\$0				
15.				\$0				
16.				\$0				
17.				\$0				
18.				\$0				
19.				\$0				
20.				\$0				
21.				\$0				
22.				\$0				
23.				\$0				
24.				\$0				
25.				\$0				
26.	Subtotal: Work Plans			\$0	\$0			\$0
27.	Plus County Administration			\$0				
28.	Plus Optional 10% Operating Reserve			\$0				
29.	Less FY 07/08 Unspent Available Funds			\$0				
30.	Plus FY 08/09 Funds Needed in Excess of Approved Funding			\$0				
31.	Total MHSA Funds Requested for Innovation			\$0				

**Instructions for Preparing the FY 2009/10 Mental Health Services Act (MHSA)
Innovation Summary Work Plan Listing (EXHIBIT E)**

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Innovation Funding Request worksheet to obtain funding for the Innovation component under the MHSA. Below are the specific instructions for preparing the MHSA Innovation Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the work plan number and name. Identify whether the work plan is a new work plan (i.e., work plan had not previously been approved by the Department) or is an existing approved work plan (i.e., a work plan that has previously been approved as part of the initial Plan and/or a Plan update). Enter the proposed MHSA budget amounts in the relevant columns for type(s) of intervention and age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25.

27. County Administration

Enter the total County administrative costs for Innovation Administration. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant Innovation Work Plan funding request.

28. Optional 10% Operating Reserve

Counties may dedicate up to 10% of the Work Plan funding for an operating reserve. Line 27 should not exceed 10% of line 26 and 27.

29. FY 07/08 Unspent Available Funds

This amount should be from the FY 07/08 Revenue and Expenditure Report, if applicable

30. FY 08/09 Funds Needed in Excess of Approved Funding

This amount represents the funds needed for FY 08/09 in excess of the approved amount due to decreased revenues or increased costs. This represents the amount of funding already distributed by the State for prior years that will be used to support FY 08/09 Innovation implementation.

31. Total Funds Requested

This amount is automatically calculated as the sum of lines 26 through 30. This reflects the amount of funding requested for the Innovation component under the MHSA.

**FY 2009/10 Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Summary Work Plan Listing**

County: _____

Date: _____

PEI Work Plans				Total MHSA Funds Requested	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	FY 09/10 MHSA Funding Required	Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
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18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											
26.	Subtotal: Work Plans^{a/}			\$0	\$0	\$0	\$0	\$0			\$0
27.	Plus County Administration			\$0							
28.	Plus Optional 10% Operating Reserve			\$0							
29.	Less FY 07/08 Unspent Available Funds			\$0							
30.	Plus FY 08/09 Funds Needed in Excess of Approved Funding			\$0							
31.	Total MHSA Funds Requested for PEI			\$0							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=

#REF!

**Instructions for Preparing the FY 2009/10 Mental Health Services Act (MHSA)
Prevention and Early Intervention Summary Work Plan Listing (EXHIBIT E)**

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Funding Request worksheet to obtain funding for the PEI component under the MHSA. Below are the specific instructions for preparing the MHSA PEI Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the work plan number and name. Identify whether the work plan is a new work plan (i.e., work plan had not previously been approved by the Department) or is an existing approved work plan (i.e., a work plan that has previously been approved as part of the initial Plan and/or a Plan update). Enter the proposed MHSA budget amounts in the relevant columns for type(s) of intervention and age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25. The majority of funds must be directed towards individuals under age 25.

27. County Administration

Enter the total PEI County administration costs. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant PEI work plan funding request.

28. Optional 10% Operating Reserve

Counties may dedicate up to 10% of the Work Plan funding for an operating reserve. Line 27 should not exceed 10% of line 26 and 27.

29. FY 07/08 Unspent Available Funds

This amount should be from the FY 07/08 Revenue and Expenditure Report, if applicable.

30. FY 08/09 Funds Needed in Excess of Approved Funding

This amount represents the funds needed for FY 08/09 in excess of the approved amount due to decreased revenues or increased costs. This represents the amount of funding already distributed by the State for prior years that will be used to support FY 08/09 PEI implementation.

31. Total Funds Requested

This amount is automatically calculated as the sum of lines 26 through 30. This reflects the amount of funding requested for the PEI component under the MHSA.

EXHIBIT E

**FY 2009/10 Mental Health Services Act (MHSA)
Workforce Education and Training Summary Work Plan Listing**

County Name: _____

Date: _____

Workforce Training and Education Work Plans				Total MHSA Funds Requested	Estimated Funds Requested by Funding Cateroy				
	No.	Name	New (N)/ Approved Existing (E)	FY 2009/10 MHSA Funding Required	Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1.									
2.									
3.									
4.									
5.									
6.									
7.									
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21.									
22.									
23.									
24.									
25.									
26.	Subtotal: Work Plans			\$0	\$0			\$0	\$0
27.	Plus County Administration			\$0					
28.	Plus Optional 10% Operating Reserve			\$0					
29.	Less FY 07/08 Unspent Available Funds			\$0					
30.	Plus FY 08/09 Funds Needed in Excess of Approved Funding			\$0					
31.	Total MHSA Funds Requested for Workforce Education and Training			\$0					

**Instructions for Preparing the FY 2009/10 Mental Health Services Act (MHSA)
Workforce Education and Training Summary Work Plan Listing (EXHIBIT E)**

Counties should complete the FY 2009/10 Mental Health Services Act (MHSA) Workforce Education and Training Funding Request worksheet to obtain funding for the Workforce Education and Training component under the MHSA. Below are the specific instructions for preparing the MHSA Workforce Education and Training Funding Request worksheet.

General Instructions:

Round all expenditures to the nearest whole dollar.

Heading Instructions:

Enter the County name and the date the worksheet is prepared. Revisions will be made to documents and maintaining the correct preparation date is critical for identifying the most recent submittal.

Line Item Instructions:

Lines 1 through 25 - Individual Work Plans

Enter the work plan number and name. Identify whether the work plan is a new work plan (i.e., work plan had not previously been approved by the Department) or is an existing approved work plan (i.e., a work plan that has previously been approved as part of the initial Plan and/or a Plan update). Enter the proposed MHSA budget amounts in the relevant columns for type(s) of intervention and age group(s). Add additional lines if necessary.

26. Subtotal: Work Plans

This is automatically calculated as the sum of lines 1 through 25.

27. County Administration

Enter the total County administrative costs for Workforce Education and Training Administration. Contract providers and other County governmental organizations with management and support costs should show those budgeted expenditures in the relevant Workforce Education and Training work plan funding request.

28. Optional 10% Operating Reserve

Counties may dedicate up to 10% of the Work Plan funding for an operating reserve. Line 27 should not exceed 10% of line 26 and 27.

29. FY 07/08 Unspent Available Funds

This amount should be from the FY 07/08 Revenue and Expenditure Report, if applicable.

30. FY 08/09 Funds Needed in Excess of Approved Funding

This amount represents the funds needed for FY 08/09 in excess of the approved amount due to decreased revenues or increased costs. This represents the amount of funding already distributed by the State for prior years that will be used to support FY 08/09 Workforce Education and Training implementation.

31. Total Funds Requested

This amount is automatically calculated as the sum of lines 26 through 30. This reflects the amount of funding requested for the Workforce Education and Training component under the MHSA.

EXHIBIT F.1
Capital Facilities New Work Plan Narrative
FY 2009/10 ANNUAL UPDATE GUIDELINES

County _____

Instructions: Utilizing the following format please provide a brief description of each **NEW** work plan being proposed for FY 2009/10. Existing work plans that have been previously approved do **NOT** need to be included here. List a Work Plan Number, Title, and MHSA Funding Required. In addition, provide a **brief** narrative addressing the issues listed below.

1) Work Plan Number: ____ **Title:** _____

Brief description of work plan, including the intended purpose and address of the Capital Facility, if known. Indicate whether it is a purchase, construction, or renovation.

- (a) If the facility will not be exclusively used for public mental health services, please describe the proportion assigned to other users and the methodology for distributing the costs.**
- 2) Consistent with WIC Section 5847(a)(5), a description of how the proposed work plan is needed to provide services under CSS and/or PEI components.**

 - (a) If the work plan proposes to purchase land without plan to build, provide explanation of rationale and plans for the future to support services.**
 - (b) If the work plan proposes “lease/rent to own,” provide explanation of situation and assurance that terms of lease include a clause indicating that at conclusion of the payments, the county owns the building.**
 - (c) If work plan proposes a Project with a restrictive setting, the following issues need to be addressed: a) unmet need within County for restrictive facility to adequately serve clients with serious mental illness and/or emotional disorder, b) specific reasons the county cannot meet the needs in a less restrictive setting, c) why it is not feasible to build the needed facility using**

non-MHSA funds, d) description of other funds that County has pursued and has been unable to obtain funding, e) description of the Community Program Planning Process that was involved in the development of the proposed work plan.

- 3) Owner of facility. If privately owned, County must describe the method for protecting its capital interest for required length of time, if allowed by statute.
- 4) Certify that the facility will be used to support the public mental health system for 20 years.
- 5) Projected timeline until occupancy.

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EXHIBIT F.1
CSS New Work Plan Narrative
FY 2009/10 ANNUAL UPDATE GUIDELINES

County _____

Instructions: Utilizing the following format please provide brief responses. Existing work plans that have been previously approved do **NOT** need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed work plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

1) Work Plan Number: ____ Title: _____

2) Explanation of how the new work plan relates to the priorities identified in the Community Planning Process.

3) A description of how the proposed work plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.

4) Calculation showing that the county still meets the requirement that the majority of funds are directed to Full Service Partnerships.

5) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for

master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

DRAFT

EXHIBIT F.1
Technological Needs New Work Plan Narrative
FY 2009/10 ANNUAL UPDATE GUIDELINES

County _____

Instructions: Utilizing the following format please provide a brief description of each **NEW** work plan being proposed for FY 2009/10. Existing work plans that have been previously approved do **NOT** need to be included here. List a Work Plan Number and Title. In addition, provide a **brief** narrative addressing the issues listed below.

- 1) **Work Plan Number:** ____ **Title:** _____
Brief description of work plan.
- 2) **An explanation of how the Technological Needs work plan meets the goals of:**
 - (a) **Increasing Client and Family Empowerment.**
 - (b) **Modernizing and Transforming Information Systems.**
- 3) **An updated Technological Need Roadmap implementation timeline with major milestones for achieving an Integrated Information Systems Infrastructure. Only one roadmap update is needed for all proposed workplans listed in Exhibit E— Capital Facilities and Technological Needs Funding Request for FY 2009/10. The milestones should address the model roadmap phases, which are:**
 - a) **Infrastructure, Security, Privacy**
 - b) **Practice Management**
 - c) **EHR Lite: Clinical Data Management**
 - d) **Computerized Provider Order Entry (ordering and viewing e-Prescribing and**
 - e) **Full Electronic Health Records (EHR) with interoperability components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)**
 - f) **Full Integrated EHR and Personal Health Records (PHR)**
- 4) **Certification that the county's implementation of an EHR or PHR system or related components, will adhere to the "CA DMH EHR and PHR Standards and Requirements" (DMH Information Notice No.: 08-09, Enclosure 3, Appendix B) and related updates. This certification is only required for proposed EHR/PHR work plans.**

- 5)) **Signature of County Information Officer, or related county mental health director designee, indicating approval of the Technological Needs work plan.**

Signature

Date

Title

DRAFT

EXHIBIT F.1
Workforce Education and Training New Work Plan Narrative
FY 2009/10 ANNUAL UPDATE GUIDELINES

County _____

Instructions: Utilizing the following format please provide a brief description of each **NEW** work plan being proposed for FY 2009/10. Existing work plans that have been previously approved do **NOT** need to be included here. List a Work Plan Number, Title, and mark which Funding Category this Work Plan falls under. In addition, provide a **brief** narrative description of the work plan (what is the program or activity), list objectives to be achieved, such as days of training, number of scholarships awarded or milestones to be reached, provide a budget narrative, explain how the new work plan relates to the County's workforce needs as identified in the community planning process, and describe how the proposed work plan relates to the general standards (CCR, Section 3320) of the MHSA.

1) Work Plan Number: ____ **Title:** _____

Narrative Description of the Work Plan:

2) Specify objectives to be achieved, such as days of training, number of scholarships awarded, major milestones to be reached.

3) Specify Funding Category (check only one):

Workforce Staffing Support: ____ **Training and Technical Support:** ____

Residency, Internship Program: ____ **Financial Incentive Program:** ____

Mental Health Career Pathway Program: ____

4) Explain how the new work plan relates to the County's workforce needs as identified in the Community Program Planning Process.

5) Describe how the proposed work plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.

EXHIBIT G
Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE

County _____

Date _____

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding \$ _____

Enter the total funds requested from Exhibit E – Summary CSS Request line 26.

2. Less: Non-Recurring Expenditures - _____

subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration + _____

Enter the total administration funds requested for CSS from Exhibit E line 28.

4. Sub-total _____

5. Maximum Prudent Reserve (50%) _____

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals _____

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update + _____

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E – CSS Summary Request line 29

8. Prudent Reserve Balance _____

Add lines 5 and 6

9. Prudent Reserve Shortfall to Achieving 50% _____

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

Note: If subtracting line 7 from line 4 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

DRAFT